



CERVICAL POLYPS

DEFINITION	Cervical polyps are pedunculated masses that protrude and arise from the endocervical canal or from the ectocervix. They are among the most common benign growths of the cervix and have a malignancy rate of 0.1-0.5%. Causes of cervical polyps for most are unknown or from a secondary reaction to a cervical inflammation. Removal (polypectomy) is recommended for all cervical polyps even though the recurrence rate is 12.5%. The presence of the polyp may hinder adequate cervical sampling for pap smears.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. LMP.2. No symptoms, usually painless.3. Intermenstrual bleeding4. Postcoital spotting or bleeding.5. Bleeding after douching or pelvic exam.6. Infertility and recurrent miscarriage.
OBJECTIVE	May include: <ol style="list-style-type: none">1. Most often first recognized on routine speculum exam.*2. Pedunculated, usually single, variation in size from a few millimeters to 3-4 centimeters (if large, may dilate cervix).3. Arising from endocervix more common than from ectocervix.4. Smooth, soft, reddish purple to grayish white and may readily bleed when touched.5. May not be palpable. <p>*Document findings in descriptive terms--size, location, color, consistency, and any bleeding.</p>
LABORATORY	May include: <ol style="list-style-type: none">1. Vaginitis/cervicitis screening, as appropriate.2. Pap should be done if possible; it may show inflammatory or atypical cells.
ASSESSMENT	Cervical polyps.
PLAN	<ol style="list-style-type: none">1. Reevaluate at routine exams for re-growth or recurrence of polyps.2. Offer client the opportunity to view polyp with mirror during exam.3. Treatment/management for polypectomy:<ol style="list-style-type: none">a. Identify the location of the base of the polyp to exclude the possibility of an endometrial polyp. Endometrial polyps may have more extensive blood supplies and require more post-removal work up.b. Grasp the base of the polyp with an appropriate size clamp and avulse it with a twisting motion.c. Some clinicians gently cure (treat) the base after removal. There is some evidence to suggest that this may lessen recurrence.4. Polypectomy is recommended for all cervical polyps.

PLAN	<ul style="list-style-type: none"> d. Send the specimen to pathology for histological diagnosis. e. Bleeding may be controlled with pressure, Monsel's solution, electrocautery, cryocautery, or silver nitrate. f. If polyp does not dislodge easily or if the client has excessive pain--stop, refer to MD for further management. g. Consult with MD for prolonged bleeding after polyp removal. h. Ask client to return for reassessment if abnormal vaginal bleeding continues after polyp removal.
CLIENT EDUCATION	<ul style="list-style-type: none"> 1. Discuss the (usually) benign nature of the condition and allay client's concerns and possible removal. 2. Removal is usually indicated since it may cause irritation and bleeding. It is also necessary to rule out a neoplastic process. 3. Review safer sex education, as appropriate. 4. Recommend that client RTC annually or prn for problems.
CONSULT / REFER TO PHYSICIAN	<ul style="list-style-type: none"> 1. Client with abnormal bleeding when diagnosis is uncertain. It is important to be certain that the lesion is a polyp and not a cervical wart prior to attempting removal. 2. As indicated if base of polyp is large, polyp does not easily dislodge, or if clinician does not feel comfortable performing polypectomy.

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References:

1. Nguyen, Khanh-Ha, Rivlin, Michel E., et al (2011). *Benign Cervical Lesions*. Medscape Online Reference. Retrieved August 13, 2013, from Medscape Web site: <http://emedicine.medscape.com/article/264966-overview#aw2aab6b7>
2. Long, Margaret E., Dwarica, Denicia, et al (2013). Comparison of Dysplastic and Benign Endocervical Polyps. *Journal of Lower Genital Tract Disorders*, 17 (2), 142-146. Retrieved August 13, 2013 from Medscape Web site: http://www.medscape.com/viewarticle/781773_1
3. Cervical Polypectomy Video Demonstration sample from Proceduresconsult.com (2009) Retrieved August 13, 2003 from YouTube: <http://www.youtube.com/watch?v=f71m324hzaA>